

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10587846

FILING DATE

6-6-08

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		5		1		
8		5		1		
9		5		1		
10		5		1		
11		5		1		
12		5		1		
13		5		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
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39		0		1		
40		0		1		
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48						
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	71	←	39	←		←
TOTAL CLAIMS	72		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						